## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

**CLAIMS AS FILED - PART I** 

Application or Docket Number

10008332

|   |  | CLAIMS AS                                 | • Column         |                               | (Column 2)                   |                  |             | SMALL ENTITY TYPE   |                        |    | OTHER THAN OR SMALL ENTITY |                        |  |
|---|--|---|------------------|-------------------------------|------------------------------|------------------|-------------|---------------------|------------------------|----|----------------------------|------------------------|--|
| TOTAL CLAIMS  |  |   | 33 -             |                               | (Solamire)                   |                  | . ,, ]      | RATE                | FEE                    |    | RATE                       | FEE                    |  |
| FOR   |  |   | NUMBER FILED     |                               | NUMB                         | NUMBER EXTRA     |             | BASIC FEE           |                        | 1  | BASIC FEE                  | 740.00                 |  |
|   |  |   |                  |                               |                              | -                |             | 070.00              | OR                     |    | 740.00                     |                        |  |
| TOTAL CHARGEABLE, CLAIMS  |  |   | 33 minus 20=     |                               | * 13                         |                  |             | X\$ 9=              | 1985 P                 | OR | X\$18=                     |                        |  |
| INDEPENDENT CLAIMS  |  |   | 3 minus 3 =      |                               | · Ø                          |                  |             | X42=                |                        | OR | X84=                       |                        |  |
| MULTIPLE DEPENDENT CLAIM PRESENT  |  |   |                  |                               |                              |                  |             | +140=               |                        | OR | +280=                      |                        |  |
| * If  | the difference                                 | in column 1 is                            | less than ze     | zero, enter "0" in column 2   |                              |                  |             | TOTAL               | ٤.                     | OR | TOTAL                      |                        |  |
|   | CI   | LAIMS AS A                                | MENDED           | ED - PART II                  |                              |                  |             |                     |                        |    | OTHER THAN                 |                        |  |
|   |  | (Column 1)                                | •                | (Colui                        | mn 2)<br>IEST                | (Column 3)       | 1 1         | SMALL               | · · · · · ·            | OR | SMALL                      |                        |  |
| <b>AMENDMENT A</b>  |  | REMAINING<br>AFTER<br>AMENDMENT           |                  | NUM<br>PREVIO<br>PAID         | IBER<br>OUSLY                | PRESENT<br>EXTRA |             | RATE                | ADDI-<br>TIONAL<br>FEE |    | RATE                       | ADDI-<br>TIONAL<br>FEE |  |
|   | Total  |   | Minus            | **                            |                              | =                |             | X\$ 9=              |                        | OR | X\$18=                     |                        |  |
|   | Independent                                    |   | Minus            | ***                           |                              | =                | بي <u>د</u> | X42=                | 3/52/54                | OR | X84=                       |                        |  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |  |   |                  |                               |                              |                  |             | +140=               |                        | OR | +280=                      |                        |  |
|   |  | KOROLOMA<br>NYANA                         | N                |                               |                              |                  |             | TOTAL<br>ADDIT. FEE |                        | OR | TOTAL<br>ADDIT, FEE        |                        |  |
|   | (Column 1) (Column 2) (Column 3)               |   |                  |                               |                              |                  |             |                     |                        |    |                            |                        |  |
| AMENDMENT B   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                  | HIGH<br>NUM<br>PREVIO<br>PAID | BER                          | PRESENT<br>EXTRA |             | RATE                | ADDI-<br>TIONAL<br>FEE |    | RATE                       | ADDI-<br>TIONAL<br>FEE |  |
|   | Total  | *   | Minus            | **                            |                              | =                | П           | X\$ 9=              |                        | OR | X\$18=                     |                        |  |
| ME  | Independent                                    | *   | Minus            | ###                           |                              | =                |             | X42=                |                        | OR | X84=                       |                        |  |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                  |                               |                              |                  |             |                     |                        | Un |                            |                        |  |
|   |  |   |                  |                               |                              |                  |             | +140=               |                        | OR | +280=                      |                        |  |
|   |  |   |                  |                               |                              |                  |             | TOTAL<br>ADDIT. FEE |                        | OR | TOTAL<br>ADDIT. FEE        |                        |  |
|   |  | (Column 1)                                | 1                | (Colu                         |                              | (Column 3)       |             |                     |                        | _  |                            |                        |  |
| AMENDMENT C   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                  | NUM<br>PREVI                  | HEST<br>BBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA |             | RATE                | ADDI-<br>TIONAL<br>FEE |    | RATE                       | ADDI-<br>TIONAL<br>FEE |  |
|   | Total  | *   | Minus            | **                            |                              | =                |             | X\$ 9=              |                        | OR | X\$18=                     |                        |  |
|   | Independent                                    | *   | Minus            | ***                           | T OL A 18 4                  | =                |             | X42=                |                        | OR | X84=                       |                        |  |
| Ľ   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                  |                               |                              |                  | 1           | 1140                |                        |    | .000                       | -                      |  |
| *   | If the entry in colu                           | mn 1 is less than t                       | he entry in colu | ımn 2, writ                   | e "0" in co                  | lumn 3.          | ı           | +140=<br>TOTAL      |                        | OR | +280=                      |                        |  |
| ** If the entry in column 1 is less than the entry in column 2, write 0 in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |  |   |                  |                               |                              |                  |             |                     |                        |    |                            |                        |  |